

**MISSOURI'S GUIDE TO
HOME AND COMMUNITY BASED SERVICES**



**SUPPORT SERVICES TO HELP PERSONS WITH
DISABILITIES AND OLDER MISSOURIANS LIVE
INDEPENDENTLY IN THEIR HOMES
AND COMMUNITIES**

For Important Phone Numbers,
See Last Page of this Booklet

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Today, many persons with physical or mental disabilities and the elderly live and wish to continue living independently in their homes and communities. For some, this is made possible through supportive services that help Missourians of all ages. Whether or not you are eligible for these services may depend on your income and resources, need for care, and availability of services.

This booklet explains home and community services that exist in Missouri. These services may be funded through state or federal revenues or through Medicaid. Medicaid is the state administered health care program for low-income persons, financed by a combination of federal and state funding.

Today you have more options for remaining in the community in the least restrictive setting and allowing alternatives to placement in a nursing home or other institutional care setting. If you would like to stay in your home or in the community with supportive services, and you meet other requirements, you may be eligible for home and community services through state, local, and federal funding resources.

Missouri has several home and community-based services. Some home and community-based services are called “waivered” services because the federal government has to “waive” some rules in order for the state to provide services outside of a facility. Among the services that may be available are assistance with daily living activities such as bathing, dressing, grooming, meal preparation, housekeeping, counseling, help with arranging medical or other support services, therapy and relief for caregivers. This booklet describes programs for persons who are physically or mentally disabled and the elderly.

Although different programs offer different services, they have some things in common. Each program is designed to help people who qualify for institutional or other specialized care remain in the community or return home. Some programs also require that people apply and be eligible for Medicaid.

WHAT SERVICES ARE RIGHT FOR ME?

The program that is right for you will depend upon your needs and resources. Various programs offer services designed to help a person live as independently as possible in his or her home or community. Most programs are available statewide.

Services vary for each program, but may include a combination of care such as:

- Adult day programs
- Assistive devices, i.e. adapted eating utensils or communication devices
- Case management; someone to coordinate the delivery of services to you
- Changes to the home, i.e. widen a doorway for wheelchair accessibility
- Counseling
- Employment support services
- Home delivered meals
- Homemaker chore services
- In-home medical care such as physical therapy, personal care, and skilled nursing visits
- Personal Care Attendants
- Respite care
- Transportation to and from Medicaid facilities to receive services and/or medical care



HOW DO I QUALIFY?

How you qualify for home and community services differs from program to program. Generally speaking, most of the programs have functional and financial requirements you must meet.

FUNCTIONAL ELIGIBILITY

Medical and service needs will be evaluated to determine if you are functionally eligible for services. A state authorized case manager or social worker will schedule a time to discuss with you your abilities using a formal assessment process. Certain programs may require medical documentation to support your functional eligibility.

FINANCIAL ELIGIBILITY



Financial eligibility for Medicaid funded programs is determined by a Division of Family Services (DFS) Income Maintenance worker. Your income cannot exceed \$591.00 a month for an individual or \$817 a month for a couple in 2002 to qualify for Medicaid. These amounts change annually.

Medicaid Spenddown sometimes allows for individuals or married couples whose income exceeds the limits mentioned above to qualify for state assistance. It recognizes that people still need medical help, even if their income is over a certain limit. This means that even if you don't qualify for Medicaid, you may still be eligible to receive Medicaid funded services.

Income includes, but is not limited to: wages, social security benefits, veteran's benefits, pension and annuities, interest income and disability benefits. Resource limits for persons over the age of 21 must be \$999.99 or less and couples \$2,000 or less. Resources

include, but are not limited to: cash on hand, bank accounts, stocks, bonds, mutual funds, life insurance and vehicles. In addition, the [Aged and Disabled Waiver](#) allows for greater income and resource limits for persons age 63 or older.

Under Missouri law, the total cost of providing home and community-based services cannot exceed the cost to provide care in a nursing home or Intermediate Care Facility for persons with Mental Retardation (ICF/MR), such as an MRDD habilitation center. However, in extreme circumstances, exceptions may be granted by the Department of Social Services.



Some programs do not have a financial requirement or may charge a small co-payment to receive services. Discuss these options with your case manager or social worker to see what services might be available to you.

HOW DO I APPLY FOR SERVICES?

You may contact any of the service agencies listed on the back page of this manual to apply for agency-specific services. That agency may also be able to assist you in applying for Medicaid-funded services. If you are unsure about what services are available to you or what your needs are, contact DFS help line for assistance at 800/392-1261.

OR

To apply for Medicaid services, you will need to complete a Medicaid application. You can obtain an application at your local DFS office. An Income Maintenance worker can assist you in filling out a form. You can also call your local office and have them mail an application to you or call the DFS help line.

WHAT DO I NEED TO COMPLETE AN APPLICATION?

Upon contacting the specific State service agency, you should ask what specific information the agency may need to complete your application for the agency's services.

To file for Medicaid, simply complete the application to the best of your ability. DFS will complete the application and might need you to provide some of the following information:

- Proof of income such as a pay stub (DFS has access to Social Security Income records)
- Proof of assets other than your home (i.e. bank accounts, savings, IRAs)
- Information on any transfer of assets during the past 3-5 years.

WHO CAN HELP ME APPLY?

Many community organizations can help you apply for home and community based services. They also can help you decide which services are right for you. Some of these organizations include the Area Agencies on Aging, Centers for Independent Living, Department of Mental Health Regional Centers, Community Mental Health Centers, Bureau of Special Health Care needs and the local Division of Senior Services offices. You can also have family members or friends help you complete the application.

WHEN WILL I KNOW IF I AM ELIGIBLE FOR STATE SPONSORED SERVICES?

If you meet all eligibility guidelines required by the agency who you applied for services under, be sure to ask the agency representative when you will receive notice of eligibility.





For Missouri's Medicaid program, DFS will complete and approve your application. You will receive a letter that includes your Medicaid number. If your information is incomplete, the County DFS Office will contact you and help you complete the missing information.

WHAT DO I HAVE TO PAY?

If you are eligible for Medicaid funded home and community based services, the services provided are free to you. *Note: For Spenddown recipients, you will be required to*

incur charges for medical expenses up to your monthly spenddown amount. Cost share fees may also be required for certain services (i.e. hearing aids, mental health, vision or dental care)

WHEN WILL SERVICES START?

If you are determined financially and functionally eligible for Medicaid, basic health-related service (doctor visits, hospital care, etc.) will be available to you right away. Some of the specialized home and community based services may not be available to you right away. Your social worker can tell you if you will have to wait and for how long. For other services not provided through Medicaid, check with the agency you applied through to determine when services will begin.

HOW WILL I KNOW WHICH SERVICE PROVIDERS TO USE?

You will have a choice of service providers depending upon availability in your area. You can contact the local Division of Senior Services county office or Department of Mental Health Regional Center for a list of providers.

Local and Private pay services may also be available in your area.

WHAT IF I DON'T AGREE WITH A SERVICE DECISION?

When a decision is made to deny, reduce, change or stop Medicaid funded services, you will receive a letter that tells you about the appeal process. You have 90 days from the date of the decision to file an appeal. Once the State receives your request for a hearing, you will get another letter telling you the date, time and place of the hearing.

If the Medicaid services you currently receive are being stopped or reduced, you can continue to receive the service while your case is in the appeal process. To do this, you must file your appeal within ten days from the date of the notice.



WHAT IF I DON'T LIKE THE APPEAL DECISION?

If you don't like the decision in your case, you can appeal the decision to your local Circuit Court after the appeals decision is made by the Department of Social Services.

WHAT IS CONSUMER DIRECTED CARE?

The consumer functions as the employer and is responsible for recruiting, hiring, training and supervising their own personal care attendant. The Division of Vocational Rehabilitation administers three Consumer-Directed Personal Assistance Service (CD-PAS) programs for the benefit of consumers who require personal care services. The

three programs are Non-Medicaid Eligible, Medicaid State Plan and Independent Living Waiver. These statewide programs are administered locally by 21 Centers for Independent Living located throughout the state. For more information on Consumer Directed Care contact the Division of Vocational Rehabilitation.

ARE NON-MEDICAID FUNDED PROGRAMS AVAILABLE?

For individuals with disabilities, the Centers for Independent Living (CILs) offers an array of supports administered around the state including: peer support, protection, advocacy, information and referral and other services. The CILs also administer the Personal Attendant Services Program serving Non-Medicaid eligible clients.

Local Area Agencies on Aging can determine if services are available for individuals 60 years of age or older who want to remain in the community. Depending on your income and/or resources, services may be provided free of charge or with a reasonable co-payment. For more information on these community based services, contact your local Area Agency on Aging office or call the Department of Health and Senior Services.

The Department of Mental Health, Division of Comprehensive Psychiatric Services makes available limited funding to Community Mental Health Centers (CMHCs) to provide Non-Medicaid services. CMHCs are located throughout the state and specialize in the provision of community-based services. For more information contact the Department of Mental Health– Comprehensive Psychiatric Services. You may also contact the MRDD Regional Center to find out about Non-Medicaid funded services which may be available to persons with developmental disabilities.



WHAT IF I CURRENTLY RESIDE IN A NURSING HOME, RESIDENTIAL CARE FACILITY OR ICF/MR?

Some people who are interested in receiving home and community based services are currently residing in a nursing home or an ICF/MR, such as a habilitation center. If you have questions about home and community based services, call the DHSS Hotline at 800/235-5503. If DMH assisted with placement, you can contact them at 800/364-9687 regarding your rights.

IF YOU HAVE ANY CONCERNS REGARDING THE CARE YOU ARE RECEIVING IN A FACILITY YOU SHOULD:

- Talk to your Nursing Home or ICF/MR Administrator; or
- Call the DHSS Long-Term Care Ombudsman Program toll free at 800/309-3282 or Contact the DMH client rights line toll free at 800/364-9687. A trained professional or local ombudsman volunteer will help you resolve the issue and contact the proper authorities if necessary; or
- Call the DHSS which is responsible for the licensing and oversight of Missouri nursing care facilities and is available to help you with any problems. The toll-free elder abuse hotline is answered 24 hours a day, seven days a week at 800/392-0210. All complaints are investigated.



AGED AND DISABLED WAIVER

63 years old or older

FINANCIAL ELIGIBILITY:

- Medicaid Eligible
- Special Income Limit available
- Special Asset Limit for couples

FUNCTIONAL ABILITY:

- Meet nursing facility level of care

SERVICES:

- Homemaker/chore services
- Respite Care
- Advanced Respite Care
- Nurse Respite Care
- Institutional Respite Care
- Adult Day Health Care



The Aged and Disabled Waiver provides services to individuals age 63 and older who are determined Medicaid eligible for home and community based services. The recipient must be assessed by a DSS social worker to have certain impairments and unmet needs, such that the recipient would be eligible for admission to a nursing facility if Aged and Disabled Waiver services are not provided.

In addition, the recipient must be willing to receive comprehensive assessment and case management services from the DHSS. Eligible recipients must reside in their home or the home of a caregiver to receive Aged and Disabled Waiver services.

To prove cost effectiveness, social workers must demonstrate periodically that the cost of home and community based service for each recipient does not exceed the cost of the institutional care that the recipient would require in the absence of the Waiver.

The AIDS Waiver provides medically oriented in-home services to eligible Medicaid recipients with diagnoses of AIDS or HIV-related illnesses if they have needs that otherwise require hospital care. A functional assessment is completed by service coordinators from local health departments and community-based organizations contracted by the Missouri Department of Health and Senior Services Bureau of HIV/AIDS Care and Prevention Services. Coordination staff determine eligibility for both State Plan personal care and AIDS Waiver services.

To prove cost effectiveness, the service coordinators must demonstrate periodically that the cost of home and community based



AIDS WAIVER

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Diagnosed with AIDS or HIV-related illness

SERVICES:

- Private Duty Nursing Services
- Waiver Attendant Care
- Personal Care Services
- Supplies (limited to diapers, under pads, and gloves)

service for each recipient does not exceed the cost of full in

INDEPENDENT LIVING WAIVER

Ages 18-64

FINANCIAL ELIGIBILITY:

- Medicaid eligible

FUNCTIONAL ABILITY:

- Must be able to self-direct care
- Physical disability and/or
- Cognitive disability (Must begin after age 23)
- Meets nursing facility level of care

SERVICES:

- Personal Care Services
- Case Management
- Specialized Medical Equipment and Supplies
- Environmental Accessibility Adaptations



The Independent Living Waiver is designed to provide home and community-based services to individuals who require services beyond what the Missouri State Plan can provide. Services for the Independent Living Waiver require prior authorization by the Division of Vocational Rehabilitation through the Local Centers for Independent Living.

To contact the Division of Vocational Rehabilitation Office on Consumer Affairs, call 1-877-222-8963.





The Missouri Children with Developmental Disabilities (MOCDD) Model Waiver program (also known as the Lopez Waiver) provides home and community-based services to children with developmental disabilities.

The administration of the MOCDD Waiver Program is provided by the MR/DD Division within the Missouri Department of Mental Health.

LOPEZ WAIVER

Ages 0-18

FINANCIAL ELIGIBILITY:

- Medicaid eligibility based on the income and resources of the child only

FUNCTIONAL ABILITY:

- Permanently and totally disabled
- Mental retardation and or developmental disability that would otherwise require care in an ICF/MR, such as a habilitation center

SERVICES:

- Personal Assistant Services
- Community Specialist Services
- Case Management
- Respite
- Environmental Accessibility Adaptations
- Specialized Medical Equipment
- Behavior Therapy
- Crisis Intervention
- Transportation
- On-Site and Off-Site Developmental Habilitation

MR/DD WAIVER

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Mental retardation and/or developmental disability that would otherwise require care in an ICF/MR, such as a habilitation center

SERVICES:

- Residential and Day Habilitation Services
- Individualized Supported Living
- Behavioral, physical, occupational and speech therapy
- In-home and out-of-home respite care
- Personal Assistant Services
- Community Specialist Services
- Counseling & Crisis Intervention
- Communication Skills Instruction
- Supported Employment
- Transportation
- Environmental Accessibility Adaptations (home modification)
- Specialized Medical Equipment and Supplies (adaptive equipment)

This Medicaid Waiver is for individuals who have a diagnosis of mental retardation and/or a developmental disability (MR/DD). The MR/DD Waiver offers services to certain individuals who are Medicaid eligible and who might otherwise require placement in an ICF/MR.

Administration of the MR/DD Waiver is provided by the Department of Mental Health. Services under the Waiver are alternatives to an ICF/MR.

The provision of services through the Waiver must be determined necessary to avoid institutionalization or allow for discharge from an ICF/MR to live in the community. The cost of service under the Waiver must not exceed the cost that would otherwise be spent for services in an ICF/MR. Call MR/DD at 573/751-4054 for more information.





PHYSICAL DISABILITY WAIVER

21 years old or older

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Physical Disability

SERVICES:

- Private Duty Nursing Services
- Personal Care Services
- Specialized Medical Equipment and Supplies

The Physical Disabilities Waiver is designed to provide home and community based services to Medicaid recipients who have reached the age of 21 and are no longer eligible for home care services through the Healthy Children and Youth (HCY) Program. Services for the Physical Disability Waiver require prior authorization by the Department of Health and Senior Services, Bureau of Special Health Care Needs. For more information contact 573/751-6246.



CONSUMER DIRECTED STATE PLAN SERVICES

At least 18 years old

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Must be able to self-direct
- Physically disabled
- Meets nursing home level of care

SERVICES:

- Personal care attendant (PCA) routine tasks and activities of daily living required as a result of the loss of physical function

The consumer directed Medicaid state plan program provides personal care assistance services for the Medicaid-eligible consumers with physical disabilities who need assistance with activities of daily living to enter or maintain employment or to live independently.

The consumer directed Medicaid state plan is administered by the Division of Vocational Rehabilitation within the Department of Elementary and Secondary Education and operated through 21 CILs throughout the state.

The Medicaid consumer directed model allows the consumer to direct their own care by choosing, hiring, training, and supervising their own personal care attendant.



The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program was expanded and renamed the Healthy, Children and Youth (HCY) Program.

Diagnosis and treatment services previously available to Medicaid eligible children under a EPSDT Program, have been expanded to cover those qualifying under the Medicaid "state plan". Now all Title XIX Medicaid eligible individuals are equally eligible for services covered by the state plan.

The HCY program allows for coverage of all medically necessary services which, when identified through an HCY screening, exceed the scope of the state plan.

The expanded goals provide all Medicaid eligible children with appropriate full health screens and subsequent treatment for identified health problems. Partial and inter-periodic screenings are available from a wide range of health care professionals. For more information contact the Bureau of Special Health Care Needs at 573/751-6246.



DHSS HCY STATE PLAN SERVICES

0-20 years old

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Health Care Problems

SERVICES:

- Psychological/counseling/social worker services
- Case management
- Private duty nursing
- Speech, occupational, and physical therapy
- Environmental assessments for lead
- Personal care
- Home health
- Orthodontic care
- Medically necessary hospital beyond state plan limits
- Durable medical equipment

OTHER STATE AGENCIES TO CONTACT:

BUREAU OF SPECIAL HEALTH CARE NEEDS

The mission of the Bureau of Special Health Care Needs (BSHCN) is to develop, promote, and support community-based systems that enable the best possible health and highest level of functioning for Missourians with special health care needs. To that end, BSHCN provides services for children and adults with disabilities, chronic illness, and birth defects. Services include assessment, treatment, and service coordination.

The Bureau is organized into four life-stage programs and three operational groups. Programs organized according to the major life-span periods can better address the unique biological, cognitive, and social processes for each period of development for individuals with special health care needs. The life-stage programs are Infants and Toddlers (ages birth to 3), Children (ages 3 to 13), Adolescents and Youth (ages 13 to 21), and Adult Transition (ages 21 to 65). Each program includes three components: core functions, services, and resource access, and is directed by a Program Team Leader. The three operational groups are Internal Resource Group, the External Relations Group, and the Office Support Group.

Each life-stage program is supported by a cluster of categorical funded services that include:

HOPE FUNDED SERVICE

Formerly known as the Children with Special Health Care Needs Program, the Hope Funded Service provides assistance for children under the age of 21 who meet financial and medical eligibility guidelines. This service focuses on early identification of children with special needs; funding for preventive, diagnostic, and treatment services; and provision of service coordination activities for families. Service coordination is provided through 13 regional contracts and by Bureau staff located in eight area offices throughout the state.

ADULT HEAD INJURY FUNDED SERVICE

The Adult Head Injury Funded Service provides assistance in locating, coordinating, and purchasing rehabilitation and psychological services for individuals who are age 21 and older who have survived a traumatic brain injury (TBI). TBI is defined as “a sudden insult or damage to the brain or its coverings, not of a degenerative nature.” Service coordination is available free of charge, regardless of financial status of the individual with TBI. Rehabilitation funding is available statewide to survivors of TBI whose income is 185% of poverty or lower.

FIRST STEPS PROGRAM

First Steps identifies infants and toddlers between the ages of birth and 36 months who have a 50% delay in one or more of the following developmental areas: cognitive, physical (including vision and hearing), communication, social/emotional, or adaptive/self-help development, or who have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay or disability. Service coordination and early intervention services are provided to eligible infants and toddlers and their families.

GOVERNOR’S COUNCIL ON DISABILITY

Provides leadership and support so that all Missourians with disabilities achieve equal opportunities and independence. In carrying out this mission, the Governor’s Council on Disability:

1. provides educational programs on disability rights & awareness;
2. provides technical assistance to Missourians interested in learning more about the legal universe of disability rights;
3. works with the legislature to ensure that proposed laws respect the rights of persons with disabilities;
4. works with national and state governmental agencies to ensure rulemaking is sensitive to the needs and rights of persons with disabilities; and,
5. offers free publications dealing with disability awareness and disability rights.

MISSOURI ASSISTIVE TECHNOLOGY (MoAT)

Provides technological based services and equipment to assist persons with disabilities in remaining independent. MoAT purchases information technology products such as

computer hardware and software, telephone systems and web programs to enable persons with disabilities access to communication and translation systems. The Hearing Impaired Kids Endowment (HIKE) fund, provides funding for hearing aids for children whose families need financial assistance. The Equipment Technology Consortium allows for statewide short-term assistive device loans to school districts and agencies, so that assistive equipment can be tested before being purchased and insures purchased goods are a prudent use of state funds. In addition, loaned equipment can substitute while current equipment is being repaired. The Kids Assistive Technology program provides assistive devices and home and vehicle access modifications. The Show-Me Loans program provides low-interest loans to adults with disabilities purchasing assistive devices or home and vehicle modifications. MoAT also provides text, amplified, and hands-free telephones for the Telecommunications Access Program (TAP) as well as alternative keyboards, screen enlarging, and screen reading software for the TAP Internet program.

MISSOURI PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES (MPCDD)

The MPCDD is a federally funded, 22-member, consumer-driven council appointed by the Governor. Its mandate is to plan, advocate for, and give advice concerning programs and services for persons with developmental disabilities that will increase their opportunities for independence, productivity, and integration into communities.

MISSOURI DEVELOPMENTAL DISABILITIES RESOURCE CENTER (MODDRC)

The MODDRC is an information and referral service located at the University of Missouri-Kansas City Institute for Human Development. The Resource Center offers services such as: published materials on developmental disabilities; resource packets on a variety of disability topics; books and multimedia library; professional and family consultant databanks; directories for state and national support groups and disability organizations; and Missouri's Sharing Our Strengths Support Matching Network. Services through the MODDRC are available at no cost to families, individuals, and organizations in Missouri.

AGENCIES AND TERMINOLOGY

Area Agencies on Aging (AAA)-

Provides services for individuals aged 60 and over such as Congregate and home delivered meals, transportation, legal support, and case management services. Located in 10 regional offices covering every Missouri county and St. Louis City.

Centers for Independent Living (CILs)-

Local agencies overseen by the Division of Vocational Rehabilitation. Advocates, promotes, and provides services to sustain independence for individuals with disabilities.

Consumer Directed Care– Personal Attendant Services (PAS)-

Administered by the Division of Vocational Rehabilitation. Allows for consumer to self-direct care by hiring and training their own personal care attendant designed to maximize consumer control regarding the level and intensity of care.

Division of Family Services(DFS)-

Offices located in every Missouri county and the city of St. Louis, housed within the Department of Social Services (DOSS) and determines eligibility for public assistance benefits such as food stamps, Medicaid and Blind Pension programs.

Division of Medical Services (DMS)-

Housed within Department of Social Services (DOSS), is responsible for the payment of all Medicaid funded services to consumers and service providers.

Division of Mental Retardation and Developmental Disabilities (MRDD)-

Housed within the Department of Mental Health, serves a population that has developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue. To be eligible for services from the division, persons with these disabilities must be substantially limited in their ability to function independently.

Division of Senior Services (DSS)-

Part of the Department of Health and Senior Services (DHSS), DSS employs over 400 social workers covering every county in Missouri who provide case management and adult protective services to seniors and adults with disabilities.

Division of Vocational Rehabilitation (DVR)-

Part of the Department of Elementary and Secondary Education

(DESE), oversees administration of the Independent Living Waiver, Centers for Independent Living for consumers with physical disabilities.

Healthy Children and Youth (HCY)- Provides preventative health services to children under the age of 21 who are enrolled in Medicaid. The objectives of this program are improved access to health services, increased frequency of health screenings, improved provider participation in Medicaid, and expansion of diagnostic and treatment services.

Home and Community Services- Services and supports provided in a home or community location to help persons live as independently as possible.

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)- A licensed facility that provides care designed to meet the needs of persons with mental retardation who require special health and rehabilitation services. Missouri's habilitation centers are ICF/MR facilities.

Long-Term Care- Services designed to provide diagnostic, therapeutic, rehabilitative, supportive or maintenance services for individuals who have

chronic functional impairments. Services may be provided in a variety of institutional and non-institutional settings, including the consumer's home.

Medicaid- State and federally funded health care for low income and needy populations.

Medicaid Spenddown- State supported health care for low income and needy populations which require consumers to "spend down" some of their monthly income in order to financially qualify for services.

Ombudsman- Individuals who visit nursing facilities as resource personnel, not employed by the facility or the state, to advocate for resident rights, mediate resident issues with other residents or the facility, and serve as a contact for residents and their families.

Personal Care- In-home personal assistance service such as help with bathing, dressing, meal preparation and housekeeping.

Regional Center- Housed in 11 principal sites and supported by numerous satellite locations, are the primary points of entry into the MRDD system. Regional Centers

provide assessment and case management services, which include coordination of each individual's "person-centered plan." They can purchase a wide variety of services for individuals, based on the individual's person-centered plan.

Residential Care Facility (RCF)- A licensed facility that provides meals, shelter and personal assistance or supervision for more than 24 consecutive hours for adults who do not require nursing home care. Residents must demonstrate ability to negotiate a path to safety in case of emergency.

TTY- Stands for Teletype Device that provides telephone accessibility to people who are deaf, hard of hearing or speech impaired. TTYs have a typewriter keyboard and allow persons to type their telephone conversations via two-way text. Conversation is read on a lighted display screen and/or a paper printout on the TTY.

Waiver- A term describing Medicaid programs funded by the federal and state government which "waive" certain statutory limitations so that states can offer innovative programs to provide home and community services to eligible persons.

For information on other non-Medicaid funded home and community based services, such as state plan or private pay services you can contact one of the following agencies:

Division of Family Services (DFS)
Information Line **800/392-1261**
www.dss.state.mo.us/dfs

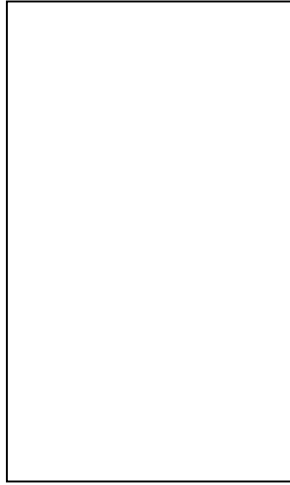
Division of Senior Services (DSS)
Information Hotline **800/235-5503**
Bureau of Special Health Care Needs-
Hope Hotline **800/451-0669**
www.dhss.state.mo.us/
www.health.state.mo.us/SHCN

Department of Mental Health (DMH)
Client Rights **800/364-9687**
www.modmh.state.mo.us/

Division of Mental Retardation &
Developmental Disabilities (MRDD)
800/207-9329
www.modmh.state.mo.us/mrdd/

Notes

**Department of Social Services
Division of Medical Services
P. O. Box 6500
Jefferson City, MO 65102-6500**



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